

RENEWAL BUSINESS LICENSE APPLICATION Form Code: PSS_LR Fee Code: LR129/LC124 License Fee - \$500.00 Additional Category Fee - \$50.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Application Fees are Non-Refundable	COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services Private Security Services Section P.O. Box 10110, Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: www.dcjs.org/privatesecurity Status Hotline: (804) 786-1132 or 1-877-9STATUS
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1. Legal Entity Name: _____
2. Trade or Fictitious Name: _____
3. DCJS ID# 11 - _____ Federal Employer ID Number: _____
4. Mailing Address: _____

Number and Street
City/Town
State
Zip
5. Physical Address: _____
 (if different than Mailing)

Number and Street
City/Town
State
Zip
6. Telephone: Business: _____ Fax: _____
7. May the Department provide information via an e-mail address? ☐ Yes ☐ No
8. E-Mail Address: _____ Name: _____
9. Has your current business license expired? ☐ Yes* ☐ No

If Yes, you may reinstate the business license providing this application is completed, all renewal requirements are met; and the applicable nonrefundable application fee and additional reinstatement fee of **\$250.00** is submitted to the department within 60 days following the expiration date of the business license. If 60 days has elapsed, this application cannot be processed and **initial** licensing requirements will need to be met.

10. Is this company located outside of Virginia ☐ Yes ☐ No

- Please list a **Virginia location where records will be maintained** below. (P.O. Box not acceptable).

Name of Business/Individual	Number & Street	City/Town	State	Zip	Phone
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11. Please List Primary Compliance Agent:

Name: _____ SSN: _____

Last Completed CA Training ☐ Entry Level ☐ In-Service Date Completed: _____

mm/dd/yy

Compliance Agent Signature (Required)

Date: _____

mm/dd/yy

- Please list any additional compliance agents on a separate sheet of paper.

12. Category of Services the Business will Provide: (Check all that apply)

The business license fee includes one category. A separate \$50.00 fee is required for each additional category selected.

- | | |
|---|---|
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Security Canine Handlers |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Security Officers/Couriers |
| <input type="checkbox"/> Armored Car Personnel | <input type="checkbox"/> Electronic Security Services |

13. Type of Ownership: (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership* | <input type="checkbox"/> Limited Liability Company* |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Corporation* | <input type="checkbox"/> Other _____ |

* If your business is a Limited Partnership, Limited Liability Company or Corporation, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

Virginia State Corporation Commission Number: _____
(If applicable)

14. List all principals (Owners/Officers/Directors) Below:

(If corporation, list Officers/Directors listed with SCC)

Name	Title	SSN

If additional space is needed, please attach a separate sheet of paper

15. Have all new Principals (Owners/Officers/Directors) and supervisors submitted fingerprints for a Criminal History Check within the previous 12 months of this application? ☐ Yes ☐ No *

***If No**, all Owners/Officers/Directors and supervisors are required to submit a Fingerprint application form PSS_FP, 2 fingerprint cards and \$50.00 processing fee for a national and state criminal history check.

16. Have you or any owner, officer, director, or employee been convicted or found guilty of a felony or misdemeanor (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the past two years?

☐ Yes ☐ No

- **If Yes**, please attach a **Private Security Criminal History Supplemental Form** (PSS_CHS) and all requested criminal history documentation for each individual. *This form may be found on our website www.dcjs.org/privatesecurity under Form Name: PSS_CHS.*

17. Please attach Proof of Liability: (minimum requirements) Expiration Date: _____
mm/dd/yy

☐ \$100,000 Surety Bond – *Attach copy of surety bond*, **OR**

☐ General Liability \$100,000/\$300,000 – *Attach Certificate of Insurance to include exclusions*. Note:
Please verify legal entity name is reflected on certificate of insurance, if not please submit copy of insurance declarations
in addition to certificate of insurance.

18. Is your business currently licensed as a private security business in any other state or jurisdiction?

☐ No ☐ Yes If yes, please submit written notification of state(s) or jurisdiction(s)

19. Have you or any owner, officer, director, or employee committed any act or omission which resulted in
a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any
local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include
the name of the jurisdiction in which it took place, the license number and the name of the
business/individual involved. Provide an explanation of the events, including a description
of the disciplinary proceeding and the type of sanctions that were imposed.

I, the undersigned, certify that all information contained on this application is true and correct to the best of
my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation,
falsification or omission of pertinent information may be cause for denial and may result in criminal
charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections
9.1-138 through 9.1-150 and the Regulations Related to Private Security Services 6 VAC 20-171

President/Principal Owner (or designated representative) _____
Print Name

Signature Required: _____ Date: _____
mm/dd/yy

Payment Information

Please enclose appropriate application fees payable to: Treasurer, Commonwealth of Virginia		
		Total
Renewal License Fee (License is issued for 2 years)		\$500.00
Total <i>Additional</i> Categories (License Fee includes 1 category)	_____ x \$50.00	
Reinstatement fee (if applicable) – see question #9	\$250.00	
Total Fee Enclosed:		\$